



# COVENANT MICROFINANCE BANK LTD.

## ACCOUNT REACTIVATION FORM

DATE: 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

ACCOUNT NO: 

--	--	--	--	--	--	--	--

BVN:.....

ACCOUNT NAME:.....

CONTACT ADDRESS:.....  
.....  
.....

PHONE NO(S):.....

EMAIL ADDRESS:.....

REASON FOR DORMANCY: (Please tick as appropriate)

- (A) RELOCATION.  (B) PROXIMITY.  (C) OUT OF TOWN   
(D) SERVICE NOT SATISFACTORY.   
(E) OTHERS (specify):.....

My/Our account has been without transaction for over 6 months, I/we however wish to resume normal transaction on the account henceforth. I/We also confirm that the above information above is correct.



AUTHORIZED SIGNATORY/DATE



AUTHORIZED SIGNATORY/DATE

### FOR BANK USE ONLY

DOCUMENT RECEIVED

PASSPORT PHOTOGRAPH  MEANS OF IDENTIFICATION  UTILITY BILL

DOCUMENT WAIVED AUTHORIZED BY \_\_\_\_\_ (NAME SIGNATURE & DATE)

Last Transaction Date:.....

Treated by:..... Signature/Date:.....

Approved by:..... Signature/Date:.....



CMFB/CMC/001

## CORPORATE ACCOUNT MANDATE

DATE  D  D  M  M  Y  Y  Y  Y

CUSTOMER NO.

ACCT NO.

ACCOUNT NAME.....

ADDRESS.....

OFFICE PHONE NO..... OFFICE EMAIL.....

SIGNATURE

CATEGORY

  
PASSPORT  
PHOTOGRAPH

SIGNATURE

CATEGORY

  
PASSPORT  
PHOTOGRAPH

NAME.....

POSITION..... DATE OF BIRTH.....

PHONE NO..... EMAIL.....

NAME.....

POSITION..... DATE OF BIRTH.....

PHONE NO..... EMAIL.....

MANDATE

CUSTOMER CARE OFFICER

HEAD OF OPERATIONS



COVENANT MICROFINANCE BANK LTD  
Canaan Land, Ota, Ogun State.

CUSTOMER ACCOUNT UPDATE FORM

Date DD MM YY YY YY

Type Of Account

Account Number

RELATIONSHIP: ACCOUNT OWNER (A)  SIGNATORY (B)  DIRECTOR

**1. PERSONAL INFORMATION DATA**

Surname		First Name	Middle Name		
Male	Female	Mother's Maiden Name	Marital Status	<input type="checkbox"/> M	<input type="checkbox"/> S
Sex		Spouse Name			
Date of Birth		BVN			

**2. CONTACT INFORMATION**

Residential Address:

Landmark:

Postal Address:

LGA	State of Origin	Nationality	
Phone (Home)	Office	Mobile	
E-mail Address	SMS Alert	<input type="checkbox"/> Y	<input type="checkbox"/> N
Occupation	Employer's Name		

Employer's Address:

**3. FORM OF IDENTIFICATION**

National ID.	Voters Card	International Passport	Drivers License	Others (Specify)
I.D. No	Place of Issuance	Date of Issuance	Expiry Date	

**4. NEXT OF KIN INFORMATION**

Name	
Address	
Relationship	Phone No

Email:

**5. CERTIFICATION**

I certify that the above particulars are true and correct

Customer's Signature	Date
----------------------	------

**6. BANK OFFICIAL**

Name	Signature	Date
------	-----------	------



## COVENANT MICROFINANCE BANK LTD

Canaan Land, Ota, Ogun State.

### COVENANT MICROFINANCE BANK LIMITED CUSTOMER'S SMS ALERT DATA FORM

Branch \_\_\_\_\_

Date \_\_\_\_\_

#### [Customer's Data]

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Contact phone no: \_\_\_\_\_

#### [Details of Account]

Account name

Account number

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

You will receive alerts for the following events:

- |                                 |                                     |                                   |
|---------------------------------|-------------------------------------|-----------------------------------|
| a. Cheque lodgement outgoing    | b. Cheque lodgement incoming        | c. Withdrawals on savings account |
| d. Deposits on current accounts | e. Cleared cheques                  | f. Deposits to savings account    |
| g. Returned cheques             | h. Withdrawals from current account |                                   |
| j. ATM Transactions             | k. i-bank transfers                 |                                   |

Please state the mobile phone number(s) (Zain, Glo, MTN or 9mobile) you wish to be linked to these account(s):

Mobile no: \_\_\_\_\_  
Email 1. \_\_\_\_\_  
2. \_\_\_\_\_

**PLEASE NOTE THAT EACH ALERT COSTS #5 (FIVE NAIRA) ONLY**

#### Declaration:

I/We certify that details furnished in this Application are correct I/We hereby request covenant Microfinance Bank Ltd to activate the service offered by the Bank (as listed above) with respect to events/transactions/information relating to my/our account(s) stated above.

I/we authorize the Bank to debit my account for charges related to the alert facility as determined by the Bank from time to time.

Authorized Signature & Date

Authorized Signature & Date

Authorized & Signature Date

For Bank use only:

Verified by (Name, Signature & stamp):

Approved by (Name, Signature & Date):

Effectuated by (Name, Signature & Date):

*[Signature]*